

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Inspiration
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
 County Registrar No. 279
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Herbert Hoover Dickens If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 4 5. Legitimate? yes 6. Date of birth June 13th 1929
 Month Day Year

8. FATHER
 Full name Glenn W. Dickens

14. MOTHER
 Full maiden name Nazel Bixler

9. Residence (Usual place of abode) Inspiration
 If nonresident, give place and state

15. Residence (Usual place of abode) Inspiration
 If nonresident, give place and state

10. Color or race White 11. Age at last birthday 59 (Years)

16. Color or race White 17. Age at last birthday 70 (Years)

12. Birthplace (city or place) Texas
 (State or country)

13. Birthplace (city or place) New Mexico
 (State or country)

13. Occupation Miner
 Nature of industry Minning

19. Occupation Architect
 Nature of industry Architect

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:40 p.m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John Hagan M.D. (Physician or midwife)
 Address Inspiration, Ariz.

Given name added from a supplemental report _____
 Month, day, year.

Filed June 20, 1929 Local Registrar. J. E. Jones

Registrar.

Filed _____ 19. _____ County Registrar.

842-613-929